P07000044944

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



400180208304

05/06/10--01012--005 **35.00



C.COULLIETTE

MAY 10 2010

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	PORATION: A TREASU	JRE COAST HYPNOSIS &	HOLISTIC CEL
DOCUMENT NU	P07000044944		
The enclosed Artic	les of Amendment and fee a	re submitted for filing.	
Please return all co	rrespondence concerning thi	s matter to the following:	
		RITTANY L. BELL	
	N	ame of Confact Person	
	A TREASURE COAST H	HYPNOSIS & HOLISTIC CENT	ER, INC.
		Firm/ Company	
	221	3 S KANNER HWY	
		Address	
	S	TUART, FL 34994	
	C	ity/ State and Zip Code	
SIE <u>Ni</u>	UA :@TREASU E-mail address: (to be use	RECOASTHYPNOSIS.COM d for future annual report notification)	·
For further informa	ation concerning this matter,	please call:	
BR	ITTANY L. BELL	at (772) 28 Area Code & Daytime Tele	6-0899
Name	of Contact Person	Area Code & Daytime Tele	phone Number
Enclosed is a check	for the following amount m	nade payable to the Florida Departi	ment of State:
	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ac Amendmen Division of P.O. Box 63 Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	<u>.</u>

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)

A TREASURE COAST HYPNOSIS & HOLISTIC CENTER, INC.

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name	of the corporati	on:		
A TREASURE COAST HY	PNOSIS & H	OLISTIC HEALTH	H, INC.	The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or th name must contain the word "chartered," "pr	e designation "(Corp," "Inc," or " C	o". A professiona	nted" or the l corporation
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE		<u>NA</u>		
			7	2 3
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		NA	AH 255 ST	N-6
D. If amending the registered agent and/or			, enter the name o	M 9: 38
new registered agent and/or the new reg	istered office ac	ddress:		300
Name of New Registered Agent:	NA			
New Registered Office Address:	(Flo	rida street address)		
			, Florida (Zip Code)	
	(City	<i>)</i>	(Zip Code)	
New Registered Agent's Signature, if chang	ing Registered	Agent:		
I hereby accept the appointment as registered	agent. I am fan	niliar with and accep	t the obligations of	the position.
	Signature of Nev	w Registered Agent, i	f changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Type of Act

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Add☐ Remove
			☐ Add☐ Remove
E. <u>If amer</u> (altach d NA	nding or adding additional additional sheets, if necessar	Articles, enter change(s) here: y). (Be specific)	
provis		exchange, reclassification, or cancella amendment if not contained in the ame	
NA			

The date of each amendment(s) adoption: 04/23/2010			
Effective date <u>if applicable</u> :	05/01/2010	(date of adoption is required)	
• 4	(no more than 9	0 days after amendment file date)	
Adoption of Amendment(s)	(<u>CH</u>	ECK ONE)	
The amendment(s) was/wer by the shareholders was/we		shareholders. The number of votes cast for the amendment(s) approval.	
		e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	
"The number of votes of	east for the amend	dment(s) was/were sufficient for approval	
by			
	(voting group)		
The amendment(s) was/wer action was not required.	e adopted by the	board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	e adopted by the	incorporators without shareholder action and shareholder	
Dated_ 04/2	7/2010		
Signature <u>\(\lambda \) </u>	mille	m Dell	
(By	a director, presid	len or other officer – if directors or officers have not been	
	cted, by an incorpointed fiduciary b	porator if in the hands of a receiver, trustee, or other court by that fiduciary)	
		BRITTANY L. BELL	
	(Туј	ped or printed name of person signing)	
PRES.			
	(Title of	f person signing)	